TRANSMITTAL FORM (to be used for all correspondence after initial I	no persons are required to respond to a col Application Number Filling Date First Named Inventor Art Unit Examiner Name	Patent and T	1 Barry						
ENCLOSURES (Check all that apply)									
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatio Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Ci	n Address	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):						
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Firm Name PATENT SERVICES	4								
Signature Med PO	Collection .								
Printed name Mark Clodfelter	7,00								
Date Nov. 28, 2005		Reg. No.	34,564						
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Date Nov. 28, 2005

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PTC/SB/17 (12-04v2)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known					
		Application Number		10/037,732				
FEE TRANSMITTAL		Filing Date		11/09/2001				
For FY 2005		First Named Inventor		Sam H. Hay				
Applicant claims small entity status. See 37 CFR 1.27		Examiner Name		Choobin, Barry				
		Art Unit		2625				
TOTAL AMOUNT OF PAYIN	ENT (\$)	60.00	Attorney Docke	et No. H	AYPAT7			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
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Information and authorization on PTO-2038.								
FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
1. BASIC FILING, SEARC	FILING FEES	SEAR	RCH FEES	EXAMI	NATION FEES	:}		
Application Type	Small Er	<u>ntity</u>	Small Entity	Fee (\$	Small Entity	Fees Paid (\$)		
Utility	300 150	500	250 <u>Fee (\$)</u>	200	100			
Design	200 100	100	50	130	65			
Plant	200 100	300	150	160	80			
Reissue	300 150	500	250	600	300			
Provisional	200 100	0	0	0.	. 0			
2. EXCESS CLAIM FEES	· ·			. •	Fee (\$)	Small Entity		
Fee Description Each claim over 20 (in	cluding Reissues	3)			50	<u>Fee (\$)</u> 25		
Each independent clair					200	100		
Multiple dependent claims					360	180		
<u>Total Claims</u> - 20 or HP =	Extra Claims	Fee (\$) Fee	<u>e Paid (\$)</u>		<u>Multiple De</u> Fee (\$)	pendent Claims Fee Paid (\$)		
HP = highest number of total of	xxaims paid for, if great	ter than 20.	<u> </u>		I cc (9)	i ee r aid (4)		
	Extra Claims	Fee (\$) Fee	e Paid (\$)					
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)								
Other (e.g., late filing surcharge): EXTENSION OF TIME FOR 1 MONTH 60								
SUBMITTED BY								
	Portlett	`	Registration No.	34.564	Telephon	e (256) 895-8339		

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Name (Print/Type) Mark Clodfetter

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